



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Thimmappa SHIVANANDAPPA et al.

Appl. No.: 10/603,658

Confirmation No. 4020

Filed: June 26, 2003

For: COMPOUND AS  
CHOLINESTERASE INHIBITOR  
AND ITS ISOLATION FROM  
FUNGUS SPOROTRICHUM  
SPECIES

Art Unit: 1636

Examiner: Unassigned

Atty. Docket No.: 39562-189637

Customer No.

26694

PATENT TRADEMARK OFFICE

**TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Attached is a supplemental application data sheet. This is submitted the correct the first inventor's name to read Thimmappa SHIVANANDAPPA.

Respectfully submitted,

Date: 10/9/03

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## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

**Application Number::** Divisional of Appln. No. 10/107,806  
**Filing Date::** June 26, 2003  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested Classification::**  
**Suggested Group Art Unit::** 1625  
**CD-ROM or CD-R?::**  
**Number of CD Disks::**  
**Number of Copies of CDs::**  
**Sequence Submission?::**  
**Computer Readable Form (CFR)?::**  
**Number of Copies of CFR::**  
**Title::** A COMPOUND AS CHOLINESTERASE INHIBITOR  
AND ITS ISOLATION FROM FUNGUS  
SPOROTRICHUM SPECIES  
**Attorney Docket Number::** 39562-189637  
**Request for Early Publication?::**  
**Request for Non-Publication?::**  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::**  
**Small Entity?::** No  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::**  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Ord r in Parent Appl.::**

## **Applicant Information**

**Applicant Authority Typ ::** Inventor  
**Primary Citizenship::** India  
**Country::** INDIA  
**Status::** Full Capacity  
**Given Name::** Thimmappa  
**Middle Name::**  
**Family Name::** SHIVANANDAPPA  
**Name Suffix::**  
**City of Residence::** Karnataka  
**State or Province of Residence::**  
**Country of Residence::** INDIA  
**Street of Mailing Address::** Mysore 570 013  
**City of Mailing Address::** Karnataka  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** India  
**Country::** INDIA  
**Status::** Full Capacity  
**Given Name::** Avinash  
**Middle Name::** Prahalad  
**Family Name::** SATTUR  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence ::** INDIA  
**Street of Mailing Address::** Mysore 570 013

**City of Mailing Address::**

**State or Province of Mailing Address::**

**Country of Mailing Address::** INDIA

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** India

**Country::** INDIA

**Status::** Full Capacity

**Given Name::** Shereen

**Middle Name::**

**Family Name::** Shereen

**Name Suffix::**

**City of Residence::** Karnataka

**State or Province of Residence::**

**Country of Residence::** INDIA

**Street of Mailing Address::** Mysore 570 013

**City of Mailing Address::**

**State or Province of Mailing Address::**

**Country of Mailing Address::** INDIA

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** India

**Country::** INDIA

**Status::** Full Capacity

**Given Name::** Soundar

**Middle Name ::**

**Family Name ::** DIVAKAR

**Name Suffix::**  
**City of Residence::** Karnataka  
**State or Province of Residence::**  
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**Street of Mailing Address::** Mysore 570 013  
**City of Mailing Address::**  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**  
**Applicant Authority Type::** Inventor  
**Primary Citizenship::** India  
**Country::** INDIA  
**Status::** Full Capacity  
**Given Name::** Nayakana  
**Middle Name::** Katte Ganesh  
**Family Name::** KARANTH  
**Name Suffix::**  
**City of Residence::** Karnataka  
**State or Province of Residence::**  
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## Correspondence Information

**Correspondence Customer Number::** 26694  
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**E-Mail Address::** ashobbs@venable.com

## Representative Information

**Representative Customer Number::** 26694

## Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This application is a</b>	<b>Divisional of</b>	<b>10/107,806</b>	<b>March 28, 2002</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee Name::** Council of Scientific and Industrial Research  
**Street of Mailing Address::** Rafi Marg  
**City of Mailing Address::** New Delhi 110 001  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** INDIA  
**Postal or Zip Code of Mailing Address::**

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